

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS344AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/22/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIMMEY PLACE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>538 RANCHO DEL MAR WAY</b> <b>NORTH LAS VEGAS, NV 89031</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of a complaint investigation conducted on your facility from 2/4/10 to 2/22/10. Licensure survey was conducted by the authority of NRS 449.150, //Powers of the Health Division.  The facility is licensed for six Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness. The census at the time of the survey was six. Two resident files were reviewed and one employee file was reviewed.  Complaint #NV00024393 was substantiated. See Tags Y253, Y272, and Y276.  The following deficiencies were identified:	Y 000		
Y 253 SS=F	449.217(4) Adequate Supplies of Food  NAC 449.217 4. The administrator of a residential facility shall ensure that there is at least a 2-day supply of fresh food and at least a 1-week supply of canned food in the facility at all times.  This Regulation is not met as evidenced by: Based on observation and interview on 2/22/10, the facility failed to provide at least a 2-day supply	Y 253		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 253	Continued From page 1  of fresh food and at least a 1 week supply of canned food in the facility for six residents.  Severity: 2      Scope: 3	Y 253			
Y 272 SS=C	449.2175(3) Service of Food - Menus  NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days.  This Regulation is not met as evidenced by: Based on observation and interview on 2/22/10, the facility failed to ensure a planned, dated and posted menu was utilized.  Severity: 1      Scope: 3	Y 272			
Y 276 SS=C	449.2175(7) Nutrition and Service of Food  NAC 449.2175 7. Meals must be nutritious, served in an appropriate manner, suitable for the residents and prepared with regard for individual preferences and religious requirements. At least three meals a day must be served at regular intervals. The times at which meals will be served must be posted. Not more than 14 hours may elapse between the meal in the evening and breakfast the next day. Snacks must be made available between meals for the residents who are not prohibited by their physicians from eating between meals.	Y 276			

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Y 276	Continued From page 2  This Regulation is not met as evidenced by: Based on observation and interview on 2/22/10, the facility failed to provide nutritious meals and snacks between meals for 6 of 6 residents.  Severity: 1      Scope: 3	Y 276			

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